



Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Levels of Care: Hospital Designation, Redesignation, and Change of Network
Group (LOC)

August 10th, 2017
 8:30 a.m. until 9:30 a.m.

IDPH Offices 69 W. Washington, 35th Floor Chicago, IL	IDPH Offices 525 West Jefferson, 5th Floor Springfield, IL
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Attendees

Members in Attendance	Guests and IDPH
Jenny Brandenburg Lori Filock (Phone) Adriana Beatty (Phone) Harold Bigger Linnette Carter (Phone) Joan Cappalletti (Phone) Paula Melone Debbie Schy	Shannon Lightner, IDPH Tanya Dworkin, IDPH Miranda Scott, IDPH Andrea Palmer, IDPH Alexander Smith, IDPH Christine Emmons Debbie Conrad Myra Sabini Cindy Mitchell Carol Rosenbusch
	Members Not In Attendance
	All members accounted for.

Motions

1. Motion to approve minutes from July 2017
 - 1st Paula Melone, 2nd Harold Bigger, Unanimous Yes.
2. **Motion to adjourn.**
 - Unanimous yes.

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Introductions and Welcome

- Jenny Brandenburg, chair of the committee, called the meeting to order at approximately 8:30 am and asked all members and guests to introduce themselves.

Agenda Items

1. IDPH Update

- The Illinois Department of Public Health's (IDPH) update was just a quick update on the other levels of care meeting.

2. Certificate of Need (CON) Discussion

- Juan Morado from the Health Care Facilities regulation board was at the meeting to discuss the certificate of need.
- Need a healthcare background to be on the board. Mental Health Service Assessments, Legislator, Attorney, Works with the billing, Health Insurance
- Consult Professionals? Keep it black and white. Board has discretion
- Fees? CoN and CoE - .22%, \$2500
- Timeline? 10 days to respond.
- Exemptions? Can be approved without having to go to the full board. A chair person has the power to sign off on it. The chair person can also pass it on to the board
- Approval? Found in administrative rules. Under title 77 section 11.35.31 - Rules on establishment on Neo care services. Anytime a CoE is turned in and the board deems it complete then they have to grant it within a certain number of days.
- Add beds? File a CoE
- How does a board assess need? 5 year projections, Take population of area and the trend of moving in and out of the area and add need based of the projections. The inventory number and the need projection is at: hfsrb.illinois.gov
- NICU vs ICU beds? Yes and no. A lot of the bed projections is driven by reimbursements
- For need to do you look at other states as well? Not necessarily looked at, but when facilities bring in a CoN it can be something that is looked at. Hard to capture the projections of other states.
- Duplication of services? Ex: Applicant wants to build 50 bed hospital and the area the beds are operating at 70%. Applicant will come in and say they will do something different other than the other hospitals and sometimes they will get approved.
- Which needs a CoN and which needs a CoE? Depends. Determination of Reviewability
- Non NICU that wants to add beds? File a CoExemption
- Public Participation is always

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- Levels of Care - they look at NICU not the level typically, but they will ask what the level is. Ask what are you planning to do with the beds. They are more concerned with how many beds.
- Entity has to submit annual reports during the project. The board looks for changes in the original plan.
- Every two years you can either add 10% or 20 beds, whichever is lower. A CoE is not needed, but a letter to the board is required.
- NICU beds are not counted in the ICU beds. Rely on the health systems that propose to build to figure out distribution of types of beds.
- With the new LoC change. Will they need to reapply for beds? No.
- The level change impact the board? Since the board has no oversight over the levels of care, but will take into consideration any suggestions given. Would like to be updated on the current rule changes if possible. When the LOC rules are finalized, HFSRB will also need to update their rules.

3. New Designation Requirements

- Currently hospitals send IDPH a letter of intent.
- There was a discussion on how a hospital's network is decided.
- Had a discussion around the necessity of a site visit and how much information would possibly need to be provided.
- It was of opinion that hospital site visits seen as punitive and not always positive.
- Talked about doing a small visit yearly to address needs sooner so they will be ready as a designation and redesignation every three years.
- If the group wants the Hospital Facilities Designation Sub-Committee (HFDSC) to review materials annually, then the HFDSC will want guidelines or something laid out to follow.
- Streamline the type of data required and what forms are required during site visits. So it will follow a smoother process.
- Rough Process that was discussed:
 - CON
 - then 250
 - then IDPH
 - IDPH recognizes the letter, is a time frame needed?
 - IDPH will assign an APC
 - APC will schedule a site visit (is there a timeframe needed for materials submission?)

4. Next Steps

- Hold 640 and talk about it at the Site Visits
- Assign what needs to be discussed at the next meeting:
 - Recommendations for Role of an APC: Debbie Schy, Linnette Carter, Joan Cappeletti

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- Network Change might look like recreating that, look at other states, pulling together ideas and thoughts: Paula Melone, Harold Bigger, and Adriena Beatty
 - Denials of Designation Process: Harold Bigger, Linnette Carter
 - Redesignation: Jenny Brandenburg, Adriena Beatty, and Joan Cappelletti
 - New Hospital Designation: Lori Filock, Debbie Schy, and Paula Melone
- Requirements for a new network designation

Adjournment

Motion to adjourn, Debbie Schy 1st, Lori Filock 2nd, Unanimous yes.
Next meeting is planned for September 21st at 8:30 AM.